



# REQUEST FOR FINANCIAL AID

This information will be kept strictly confidential. It is needed to make a fair evaluation. You may use a second sheet of paper if necessary to provide full information.

Student Name \_\_\_\_\_

Instrument \_\_\_\_\_

Have you participated in previous CMM programs?  Yes  No

Years of participation in orchestra \_\_\_\_\_ Years of private study \_\_\_\_\_

Special honors in performance over the last few years (list years of membership for each):

\_\_\_\_\_

Number of adults in household: \_\_\_\_\_ Number of dependents, including student applicant: \_\_\_\_\_

Household income as reported to the IRS in most recent tax year:

- Below \$20,000
- \$20,000-29,000
- \$30,000-\$39,000
- \$40,000-\$49,000
- \$50,000-\$59,000
- \$60,000 +

Ethnicity (optional) \_\_\_\_\_

Have you received financial aid from CMM before?  Yes  No

Previous Award amount: \$ \_\_\_\_\_

What is the maximum amount you could contribute to the total fee? (\$ amount or percentage) \_\_\_\_\_

What are the special circumstances to be considered in your child's application? \_\_\_\_\_

\_\_\_\_\_

Student Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you for providing this information. Please send in your completed application by

MAIL:  
Chamber Music Madness  
PO Box 27164  
Seattle, WA 98165

or by

EMAIL: [office@chambermusicmadness.org](mailto:office@chambermusicmadness.org)